

O I P E

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

NOV 16 2009

TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total No. of Pages in this Submission: 14

Application Number **10/538,303**

Confirmation Number

Filing Date **with an effective filing date of December 9, 2003**First Named Inventor **Colin DUNLOP**Group Art Unit **3739**Examiner Name **Kaitlyn E. HELLING** **Fax: (571) 273-8300**Attorney Docket Number **GRIHAC P44AUS**

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form [1] (in Duplicate)	<input type="checkbox"/> Assignment papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee attached - Check \$555	<input type="checkbox"/> Drawing(s) --Annotated Sheet(s) Replacement Sheet(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Response [9]	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful)	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Petition	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request [1] (in Duplicate)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Postcard
<input type="checkbox"/> Information Disclosure Stmt	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Part/s Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

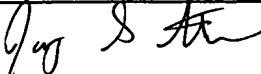
REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Jay S. Franklin DAVIS & BUJOLD, P.L.L.C.	Reg. No. 54,105 CUSTOMER NO. 020210
Signature		
Date	November 13, 2009	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on November 13, 2009.

Signature  Date: November 13, 2009 (aag)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.
Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

NOV 16 2009
FEE TRANSMITTAL
For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT: \$555.00

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
 under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (4)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description Small Entity Fee (\$)

Each claim over 20 (including Reissues) 52 26

Each independent claim over 3 (including Reissues) 220 110

Multiple dependent claims 390 195

Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims
-20 or HP = x \$52/\$26 = Fee (\$) Fee Paid (\$)

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Fee (\$) Fee Paid (\$)
-3 or HP + x \$220/\$110 = Fee (\$) Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

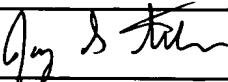
Total Sheets Extra Sheets No. of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
-100 = / 50 = (round up to a whole number) x \$270/\$135 = Fee (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) Fee (\$)

Other (e.g., late filing surcharge): Petition for Three Month Extension of term Fee (\$) \$555.00

SUBMITTED BY

Signature		Telephone (603) 226-7490
Name (Print/Type)	Jay S. Franklin	Registration No. (Atty/Agent) 54,105 Date: November 13, 2009

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2008 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT: \$555.00

Complete if Known

Application No.
Filing Date
First Named Inventor
Examiner Name
Art Unit10/538,303
with an effective filing date of
December 9, 2003
Colin DUNLOP
Kaitlyn E. HELLING
3739

Attorney Docket No.

GRIHAC P44AUS

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
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<u>Total Claims</u> -20 or HP =	<u>Extra Claims</u> _____	<u>Fee (\$)</u> \$52/\$26	<u>Fee Paid (\$)</u> _____	<u>Multiple Dependent Claims</u> Fee (\$)	<u>Fee Paid (\$)</u> _____
<u>Indep. Claims</u> -3 or HP +	<u>Extra Claims</u> _____	<u>Fee (\$)</u> \$220/\$110	<u>Fee Paid (\$)</u> _____		

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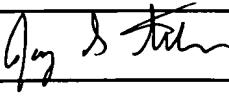
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Non-English Specification, \$130 fee (no small entity discount) _____

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